

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH.

State File No. 129
Registered No. 126

1. PLACE OF BIRTH

County DeLa State Arizona
District or Township _____ or Village _____
City Miami No. 505 Urban St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Ester Coronel

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth June 3, 1925
Month Day Year

8.

FATHER

Full name

Francisco Coronel

9. Residence

(Usual place of abode)

Miami,

If non-resident, give place and state.

Ariz.

10. Color or race

Mex.

11. Age at last birthday 30 (Years)

12. Birthplace (city or place)

Zacatecas

(State or country)

Mex.

13. Occupation

Nature of industry

Miner

14.

MOTHER

Full maiden name

Augustina Maurigrecis

15. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Ariz.

16. Color or race

Mex.

17. Age at last birthday 29 (Years)

18. Birthplace (city or place)

Zacatecas

(State or country)

Mex.

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)

(a) Born alive and now living 3

(b) Born alive but now dead 1

(c) Stillborn

21. Were precautions taken against oph-
thalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

born
(Born alive or stillborn.)

at 11:30 P. M. on the date above stated

* When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Signature Cyril M. Brown M.D.

Physician

(Physician or midwife).

Given name added from
a supplemental report

Month, day, year

Address Miami, Ariz.

Filed July 2, 1925 P.E. Brown

Registrar

Registrar

533-603-146